

HOW TO COMPLETE THE RISK MANAGEMENT QUARTERLY REPORT

Note: All quarterly reports should be sent to KDHE within 30 days of the end of the quarter.



COVER PAGE MUST BE COMPLETED AND RETURNED WITH THE REPORT.

Cover Page: Please complete with the name and address on facility license. Do not use initials.

1. Type of facility If you are a general hospital with a psychiatric unit, please check Hospital only.
2. Year: Make sure you document the year and the quarter that is listed. It is recommended that you use these quarters, but if you are unable to do so, please state on the report what months are in your facility's quarters
3. Total number of incidents reported:
This is the total number of incidents that your risk management department has received in the quarter. It has nothing to do with the number of standard of care determinations listed under number 4 and they do not all have to go through committee prior to sending in the report.
4. Final standard of care determinations:
These are the final standard of care determinations after they have gone through your duly constituted risk management committee/s. These numbers probably will not match the total under #3 as some of your incidents will have multiple providers involved and each provider must be given an individual standard of care determination..
5. Specify the number of reports sent to licensing agencies:
This total should equal the number under #4c and #4d (your standard of care IIIs and IVs). Any reportable incident that does not fit under one of the licensing agency categories should be reported to KDHE prior to or along with your quarterly report.

The 2nd part of #5 is for standard of care III and IV determinations only. The general type of incident reported should be documented in this area.
6. Self explanatory
7. & 8. **(NOTE: Completion of these two items is optional)** Please complete Items 7. and 8. if you have information to share with other facilities or KDHE concerning any quality improvement your facility has implemented in order to minimize the occurrences of adverse incident reports.

If you have any questions concerning this quarterly form, please feel free to contact me.

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